

Niels Thorsgaard, MD, MDS  
Medical Departement B  
Central Hospital  
DK-7400 Herning  
Tlf: (+45) 9927 2010  
Fax: (+45) 9927 2053  
e-mail: hecnth@ringamt.dk

**D 0334**

14-08-03

## Minutes from the meeting of the European Section and Board of Gastroenterology

London  
28 June 2003

### **Agenda:**

- 1) Welcome, presentation of new delegates
- 2) Read and approve the minutes from the meeting in Geneva
- 3) Report from the UEMS meeting in Brussels, May 2003
- 4) Report from the management council
- 5) Account 2002 and budget 2004
- 6) News from the delegates
- 7) Meetings and reports from the subcommittees
  - Training Recognition committee
  - CME committee
  - Work force committee
- 8) Next meetings
- 9) Other business

### **Delegates present:**

Massimo Crespi and Alessandro Martin (I), Henri Büscher, M Adler and Vincent Lamy (B), Jean Paul Jacques, Bruno Richard-Molard and Michel Mignon (F), Michael Jung (D), Hannu Nuutinen (Fin), Aake Danielsson and Rolf Hultcrantz (S), Tom Schulz (N), Estela Monteiro (P), Roy Pounder and Rodney Burnham (GB), Romain Fritz and Joseph Weber (Lux), Werner Fortunat (A), Niels Thorsgaard and Hendrik Vilstrup (DK), Elena Baranskya (Rus), Constantine Arvanitakis and Theodor Rokkas (Gr), Reinholt Stockbrügger (NL), Cihan Yardaydin (Turk), Limas Kupcinskis (Lit), Luke O'Donnell and Martin Buckley (Irl), Dominique Criblez and Michel Voirol (CH), Miguel Monuz-Navas (Esp), Shumel Eidelman (ASNEMGE, Israel), Teresa Staranskya (Pol), Sasa Markovic (Slo),

1)

The president of the Section opened the meeting and welcomed everyone and invited the new delegates to present themselves

**Cihan Yardaydin, Turkey:** Professor of Gastroenterology at Ankara University. President of the Turkish Society of Gastroenterology

**Theodor Rokkas, Greece:** Replaces Anthony Kogevinas and represents the clinical gastroenterologists in Greece . Runs a private gastroenterology practice in Athens

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**M Adler, Belgium:** Professor and head of department of gastroenterology and hepatology at the Erasme Hospital in Brussels

**Miguel Monuz-Navas, Spain:** Professor of Gastroenterology at the University of Pamplona. Vice-president of the Spanish society of Gastroenterology

2)

The minutes were approved without comments

3)

The annual meeting between the sections and the executive committee of the UEMS was held in Brussels on 10 May 2003. Among the topics on the agenda were

- the coming enlargement of the EU means that new member countries will join the UEMS. Every section has to consider how this will influence their work and which measures to take to secure implementation of the UEMS rules and standards in the new countries
- European Board Certificates are in the medical specialities mainly awarded after assessment of CV, while the surgical specialities have exams. The certificates should provide evidence of good clinical training, but have no formal value and are therefore not of any advantage to the holders. All sections feel that the interest of the certificates is limited
- The UEMS web site is being revised and renewed and will have a new address: [www.uems.net](http://www.uems.net)
- CME/CPD is a national matter, but there is a need to encourage and harmonise the rules, as we do in our CME committee. Learning by distance is a new subject, that might be of importance in the future to secure CME
- Quality Assurance was reintroduced as an important subject. Edwin Borman from UK has produced a draft to a policy paper, which was presented at the meeting (enclosed in the agenda for this meeting). The main points were, that it will of increasing importance to focus on quality, both control, assurance and improvement which are different sides of the quality aspect. There is an increasing demand in the community to guarantee and demonstrate quality (assurance). Not only doctors, but also patients, interest groups, politicians, employees, insurance companies, etc. (stakeholders). have interest and must be involved as responsible participants in the quality assurance process. The quality indicators must reflect the interest of all participants, but the profession - the doctors - must be in charge of the process, so that the indicators are solid, evidence based and reflect quality and not circumstances in the working environment. At the same time the stakeholders must be responsible to provide resources to carry out quality assurance. The UEMS feels that it is important to have an active quality assurance policy, otherwise the

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public and the press will find its own, ill-defined "quality parameters".  
./ enclosure 1

A discussion followed. We have previously addressed quality assurance in our CME committee, but found it difficult to deal with, as it is widely a national matter. On the other hand is our training recognition programme a good example of quality assurance of training. A number of quality indicators were discussed. It is relatively easy to find specific, procedure related indicators, e.g. in endoscopy and surgery, but more difficult in the handling of medical patients, especially those with ill-defined symptoms. Both process and outcome indicators must be used. It was suggested that present and future quality related databases in Europe should be made known.

Quality assurance will be on the agenda again at the next meeting

4)

Rodney Burnham represents the medical sections of the UEMS in the management council. This is the body in the EU organisation above the UEMS executive committee, in which specialists of the UEMS (both academic and clinical), practitioners (UEMO), young doctors (PWG) and national associations participate. It is a highly political body and the meetings are accordingly dominated by long, political statements. The reason for including observers from the sections is to make the organisation more transparent. The meetings are not very fruitful. From a professional point of view a major concern is that the politicians are very keen to secure the free movement of the labour force, also the doctors. They are not interested in European certificates, and have proposed that EU doctors can work 16 weeks in any EU country before an assessment of skills is needed. This causes great concern in the profession as unqualified doctors in this way may travel from country to country without professional assessment for years.

The management council meetings are, besides politics, dominated by local problems and interests and not very fruitful.

5)

In 2002 the total income was 11645 Euro, the expenses 4985 Euro and the total balance 36300 Euro. Only France had not paid its dues

In 2003 Denmark, France and Iceland have not yet paid their fees (110,10, 816,75 and 89,10 EUROS, respectively) They are asked to do so as soon as possible on our bank account:

**IBAN (international bank account number) LU 47 0300 0109 1080 0000 Banque Generale du Luxembourg, account holder Section of Gastroenterology**

It was approved that the total fees for 2004 should remain unchanged, 5500 EUROS

./ enclosure 2

6)

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*Roy Pounder* informed about the possible consequences of the EU working hours directive. It says that employees, including young doctors are not allowed to work more than 48 hours per week and should have 11 hours of rest between shifts. Being on call in a hospital, even if the doctor is sleeping most of the time, is included in working hours, and that causes problems. Then at least 10 doctors are needed in every shift in every hospital. That will not only be extremely expensive, but there are not doctors enough in Europe. He has conducted an enquiry among the members. In the Nordic countries these rules have more or less been used for 10-15 years and have caused problems for training and is now causing reduction in the number of hospitals with acute service. In middle and south Europe the situation is different. There are lots of doctors (but not money) and no one believes that the rules will be implemented within reasonable time.

*Michel Mignon* informed about change in health care in France. The hospitals are regulated, causing more and more patients, even acute patients in hospitals, to be referred to practitioners

*Massimo Crespi* informed about Italian problems with financing of CME. The government will only allow tax free founding if the event is approved by Italian authorities. European accreditation is not accepted, therefore for instance the UEGW is not accredited in Italy, which means that Italian doctors have difficulties participating in international meetings. It was decided to address the problem directly via Italian delegates - among them Crespi - and also to involve the UEMS executive committee

*Hendrik Vilstrup* informed about changes in the Danish training system. In the future, internal medicine and its subspecialties will not be independent specialties, but new, combined specialties are designed (internal medicine-gastroenterology; internal medicine-cardiology etc.)

Training in these combined specialties will take 6 years with a considerable common trunk

*Tom Schulz* informed about CME in Norway. In the future specialists every second year have to discuss their working conditions including CME with the head of the department. Official CME recording will therefore not take place

*Michael Jung* informed about changes in German training. In the future there will be 3 years of common trunk and thereafter specialisation - a change opposite to the Danish, but both in the name of harmonisation

7)

**Training Recognition Committee** (*Estela Monteiro (retiring chairman), Constantine Arvanitakis (new chairman), Michel Mignon, Michael Jung, Hannu Nuutinen, Aake Danielsson, Rolf Hultcrantz, Rodney Burnham, Joseph Weber, Elena Baranskya, Reinholt Stockbrügger, Cihan Yardaydin, Limas Kupcinskas, Martin Buckley, Michel Voirol, Shumel Eidelman and Teresa Staranskya.*

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Athens hospital awarded certificates training centre, 4 centres awarded certificate of visitation with letter of commendation (France, Germany and Spain). 19 new diplomas issued.

In the 4 years chairmanship of Estela Monteiro the number of holders of the European Diploma has increased from 54 to 210, on average 40 per year, and the number of visited and accredited training centres have increased from 18 to 42 (6 per year on average).

./. List of accredited training centres (enclosure 3)

Constantine Arvanitakis thanked Estela Monteiro for her excellent job. He expressed intention to have the TRC committee work between our meetings to be even more efficient. Constantine Arvanitakis is working on the design of a plaque

**CME committee** (*Tom Schulz (retiring chairman), Massimo Crespi (new chairman), Werner Fortunat, Henri Büscher, Romain Fritz, Sasa Markovic, Dominique Criblez, Hendrik Vilstrup, Bruno Richard-Mollard*)

No individuals have asked for CME registration, but organisers of meetings increasing ask for CME accreditation. We have changed our credits points to be in agreement with the UEMS rules. CPD is a personal matter, which the committee will not deal with  
Massimo Crespi took over the chairmanship and will use the opportunity to address the Italian authorities about the above mentioned problems

**Working force committee** (*Alessandro Martin (chairman), Luke O'Donnell, Roy Pounder, Miguel Munoz-Navas, Jean Paul Jacques, Theodor Rokkas, Niels Thorsgaard, Vincent Lamy*) prepared a symposium for the UEGW in Madrid entitled "Will there be quality of life for the gastroenterologist in the future?" Items as the working hours directive, increasing feminisation, reduced native recruitment, patient complaints, dissatisfaction and early retirement will be addressed

8)

The next meeting will be in Madrid on Saturday 1 November in the afternoon (3-7 p.m.)  
In the future the spring meetings will be for a whole day and the autumn meetings at UEGW for half a day.

The spring meeting in 2004 will be on Saturday 5. June in Turkey and the autumn meeting in Prague in connection with UEGW

Niels Thorsgaard  
Secretary